

November 12, 2007

To: Gotham Insurance Company
Claims Department

REQUEST FOR PAYMENT (FOR INFORMATION PURPOSES ONLY)

Claim No.: [REDACTED]
Date of Claim: 2/1/2007
Authorized On: 6/29/2007
Coverage: \$3,000,000
Copay: 10%
SIR: \$300,000

Policy No.: [REDACTED]
Plaintiff: [REDACTED]
Insured: [REDACTED]
Defendant(s): [REDACTED]

Invoice No.	STATEMENT DATE:	FIRM:	AMOUNT:
387	2/8/2007	[REDACTED]	\$20,728.10
		(less adjustment of Travel not compensable - See Billing Guidelines)	(\$1,072.50)
		(less Retainer paid - will not pay for advances - but rather actual invoiced items)	(\$5,000.00)
408	4/24/2007	[REDACTED]	\$42,287.65
		(less adjustment of Services not considered "Litigation Expenses")	(\$563.75)
		(less adjustment of duplicate services -multiple attendance- charged)	(\$9,350.00)
		(Less disbursement Not Covered - Administrative - See Guidelines, pg 2, I.)	(\$10.00)
428	7/8/2007	[REDACTED]	\$51,080.05
		(less adjustment of duplicate services -multiple parties or multiple attendance- charged)	(\$5,610.00)
437	8/11/2007	[REDACTED]	\$76,987.84
453	9/29/2007	[REDACTED]	\$54,381.08
		(less adjustment of Services not considered "Litigation Expenses")	(\$96.25)
		(Less disbursement Not Covered - Administrative - See Guidelines, pg 2, I.)	(\$571.25)
459	10/15/2007	[REDACTED]	\$45,444.86
		(less adjustment of Services not considered "Litigation Expenses")	(\$275.00)
		(less adjstmt of ----- Invoice - Need copy(ies) of invoices representing "unpaid balance")	(\$3,586.01)
		(Less disbursement Not Covered - Administrative - See Guidelines, pg 2, I.)	(\$20.00)
361457	9/28/2007	[REDACTED]	\$12,258.00
361458	9/28/2007	[REDACTED]	\$480.00
TOTAL EXPENSES:			\$277,492.82